



City of Imperial Beach, California

ADMINISTRATIVE SERVICES DEPARTMENT

825 Imperial Beach Blvd., Imperial Beach, CA 91932 Tel: (619) 628-1423 Fax: (619) 424-3481

www.ImperialBeachCA.gov

TRANSIENT OCCUPANCY TAX RETURN

Name of Business: _____

Address of Business: _____

Report for the Period: _____ through: _____

Business License No.: _____ TOT Project No.: _____

A. Total Transient Rents/Fees Charged and Received \$ _____

B. Amount of Tax Collected or Transient Occupancies \$ _____
(should be approximately 10% of A)

C. Penalty for Failure to Remit the Tax within the Month \$ _____
after the above Period (10% of Tax – Line B)

D. Penalty for Failure to Remit Tax within 30 Days \$ _____
Following Date on which Remittance First became
Delinquent (10% of Tax – Line B)

E. Interest Charged for Failure to Remit any Tax Collected \$ _____
½% per Month on the Amount Line B from Date on
Which Remittance First became Delinquent until Paid

TOTAL AMOUNT DUE (B, C, D, & E) \$ _____

I DECLARE, UNDER PENALTY OF MAKING A FALSE DECLARATION THAT I AM AUTHORIZED TO MAKE THIS STATEMENT AND, TO THE BEST OF MY KNOWLEDGE, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT MADE IN GOOD FAITH FOR THE PERIOD STATED, IN COMPLIANCE WITH THE PROVISIONS OF THE IMPERIAL BEACH MUNICIPAL CODE.

Signature of ☐ Operator ☐ Agent ☐ Owner: _____

Name of Owner: _____ Date: _____